



110TH CONGRESS
2D SESSION

H. R. 5585

To amend title XVIII of the Social Security Act to provide comprehensive cancer patient treatment education under the Medicare Program and to provide for research to improve cancer symptom management.

IN THE HOUSE OF REPRESENTATIVES

MARCH 11, 2008

Mr. ISRAEL introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to provide comprehensive cancer patient treatment education under the Medicare Program and to provide for research to improve cancer symptom management.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Assuring and Improving Cancer Treatment Education
6 and Cancer Symptom Management Act of 2008”.

- 1 (b) TABLE OF CONTENTS.—The table of contents of
 2 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

TITLE I—COMPREHENSIVE CANCER PATIENT TREATMENT
 EDUCATION UNDER THE MEDICARE PROGRAM

Sec. 101. Medicare coverage of comprehensive cancer patient treatment edu-
 cation services.

TITLE II—RESEARCH ON CANCER SYMPTOM MANAGEMENT
 IMPROVEMENT

Sec. 201. Expansion of research.

Sec. 202. Nursing intervention research grants.

Sec. 203. Institute of Medicine study on the provision of symptom management
 and supportive care in people with cancer.

3 **SEC. 2. FINDINGS.**

4 The Congress makes the following findings:

5 (1) Many people with cancer experience side ef-
 6 fects, symptoms, and late complications associated
 7 with their disease and their treatment, which can
 8 have a serious adverse impact on their health, well-
 9 being, and quality of life.

10 (2) Many side effects and symptoms associated
 11 with cancer and its treatment can be reduced or con-
 12 trolled by the provision of timely symptom manage-
 13 ment and services and also by educating people with
 14 cancer and their caregivers about the potential ef-
 15 fects before treatment begins.

16 (3) Studies have found that individualized edu-
 17 cational intervention for cancer pain management
 18 from a registered nurse was effective for patients

1 with cancer being treated in outpatient and home-
2 based settings. Similarly, the number of caregivers
3 who said they were well informed and confident
4 about caregiving after attending a family caregiver
5 cancer education program which increased after pro-
6 gram attendance.

7 (4) People with cancer benefit from having an
8 educational session with oncology nurses in advance
9 of the initiation of treatment to learn how to reduce
10 the risk of and manage adverse effects and maximize
11 well-being. Helping patients to manage their side ef-
12 fects reduces adverse events and the need for urgent
13 or inpatient care.

14 (5) The Oncology Nursing Society has received
15 reports from its members that, because the Medicare
16 program and other payers do not cover the provision
17 of patient treatment education, patients and their
18 caregivers often do not receive adequate education
19 before the onset of such patients' treatment for can-
20 cer regarding the course of such treatment and the
21 possible side effects and symptoms such patients
22 may experience. The Oncology Nursing Society rec-
23 ommends that all patients being treated for cancer
24 have a one-on-one educational session with a nurse
25 in advance of the onset of such treatment so that

1 such patients and their caregivers receive the infor-
2 mation they need to help minimize adverse events re-
3 lated to such treatment and maximize the well-being
4 of such patients.

5 (6) Insufficient or non-existent Medicare pay-
6 ments coupled with poor investment in symptom
7 management research contribute to the inadequate
8 education of patients, poor management and moni-
9 toring of cancer symptoms, and inadequate handling
10 of late effects of cancer and its treatment.

11 (7) People with cancer often do not have the
12 symptoms associated with their disease and the asso-
13 ciated treatment managed in a comprehensive or ap-
14 propriate manner.

15 (8) People with cancer deserve to have access to
16 comprehensive care that includes appropriate treat-
17 ment and symptom management.

18 (9) Patients who receive infused chemotherapy
19 likely obtain some treatment education during the
20 course of the administration of their treatment; yet,
21 many do not, and individuals who may receive a dif-
22 ferent type of cancer care, such as radiation or sur-
23 gical interventions or oral chemotherapy taken at
24 home, likely do not receive treatment education dur-
25 ing their treatment.

1 (10) Comprehensive cancer care must include
2 access to services and management associated with
3 nausea, vomiting, fatigue, depression, pain, and
4 other symptoms.

5 (11) The Institute of Medicine report, "Ensuring
6 Quality Cancer Care" asserts that "much can be
7 done to relieve the symptoms, ease distress, provide
8 comfort, and in other ways improve the quality of
9 life of someone with cancer. For a person with cancer,
10 maintenance of quality of life requires, at a minimum,
11 relief from pain and other distressing symptoms,
12 relief from anxiety and depressions, including
13 the fear of pain, and a sense of security that assistance
14 will be readily available if needed."

15 (12) The Institute of Medicine report, "Cancer
16 Care for the Whole Patient: Meeting Psychosocial
17 Health Needs" recognizes that cancer patients' psychosocial
18 needs include information about their
19 therapies and the potential side effects.

20 (13) As more than half of all cancer diagnoses
21 occur among individuals age 65 and older, the challenges
22 of managing cancer symptoms are growing
23 for patients enrolled in the Medicare program.

24 (14) Provision of Medicare payment for comprehensive
25 cancer patient treatment education, cou-

pled with expanded cancer symptom management research, will help improve care and quality of life for people with cancer from the time of diagnosis through survivorship or end of life.

TITLE I—COMPREHENSIVE CAN- CER PATIENT TREATMENT EDUCATION UNDER THE MEDICARE PROGRAM

SEC. 101. MEDICARE COVERAGE OF COMPREHENSIVE CAN- CER PATIENT TREATMENT EDUCATION SERV- ICES.

(a) IN GENERAL.—Section 1861 of the Social Security Act (42 U.S.C. 1395x), as amended by section 114(a) of the Medicare, Medicaid, and SCHIP Extension Act of 2007, is amended—

(1) in subsection (s)(2)—

(A) by striking “and” at the end of subparagraph (Z);

(B) by adding “and” at the end of subparagraph (AA); and

(C) by adding at the end the following new subparagraph:

“(BB) comprehensive cancer patient treatment education services (as defined in subsection (ddd)(1));” and

(2) by adding at the end the following new sub-section:

3 “Comprehensive Cancer Patient Treatment Education
4 Services

5 “(ddd)(1) The term ‘comprehensive cancer patient
6 treatment education services’ means—

7 “(A) in the case of an individual who is di-
8 agnosed with cancer, the provision of a one-
9 hour patient treatment education session deliv-
10 ered by a registered nurse that—

“(i) is furnished to the individual and the caregiver (or caregivers) of the individual in advance of the onset of treatment and to the extent practicable, is not furnished on the day of diagnosis or on the first day of treatment;

“(ii) educates the individual and such caregiver (or caregivers) to the greatest extent practicable, about all aspects of the care to be furnished to the individual, informs the individual regarding any potential symptoms, side-effects, or adverse events, and explains ways in which side effects and adverse events can be minimized and health and well-being maximized, and

1 provides guidance regarding those side ef-
2 fects to be reported and to which health
3 care provider the side effects should be re-
4 ported;

5 “(iii) includes the provision, in written
6 form, of information about the course of
7 treatment, any responsibilities of the indi-
8 vidual with respect to self-dosing, and ways
9 in which to address symptoms and side-ef-
10 fects; and

11 “(iv) is furnished, to the greatest ex-
12 tent practicable, in an oral, written, or
13 electronic form that appropriately takes
14 into account cultural and linguistic needs
15 of the individual in order to make the in-
16 formation comprehensible to the individual
17 and such caregiver (or caregivers); and

18 “(B) with respect to an individual for
19 whom a course of cancer treatment or therapy
20 is materially modified, a one-hour patient treat-
21 ment education session described in subpara-
22 graph (A), including updated information on
23 the matters described in such subparagraph
24 should the individual’s oncologic health care
25 professional deem it appropriate and necessary.

1 “(2) In establishing standards to carry out
2 paragraph (1), the Secretary shall consult with ap-
3 propriate organizations representing providers of on-
4 cology patient treatment education services and or-
5 ganizations representing people with cancer.”.

6 (b) PAYMENT.—Section 1833(a)(1) of such Act (42
7 U.S.C. 1395l(a)(1)) is amended—

8 (1) by striking “and” before “(V)”;

9 (2) by inserting before the semicolon at the end
10 the following: “, and (W) with respect to comprehen-
11 sive cancer patient treatment education service (as
12 defined in section 1861(ddd)(1)), 150 percent of the
13 payment rate established under section 1848 for dia-
14 betes outpatient self-management training services
15 (as defined in section 1861(qq)), determined and ap-
16 plied without regard to any coinsurance”.

17 (c) COVERAGE.—Section 1862(a)(1) of such Act (42
18 U.S.C. 1395y(a)(1)) is amended—

19 (1) in subparagraph (M), by striking “or” at
20 the end;

21 (2) in subparagraph (N), by striking the semi-
22 colon at the end and inserting “, and”;

23 (3) by adding at the end the following new sub-
24 paragraph:

1 “(O) in the case of comprehensive cancer pa-
2 tient treatment education services (as defined in
3 subsection (ddd)(1)) which are performed more fre-
4 quently than is covered under such section;”.

5 (d) NO IMPACT ON PAYMENT FOR OTHER SERV-
6 ICES.—Nothing in this section shall be construed to affect
7 or otherwise authorize any reduction or modification, in
8 the Medicare payment amounts otherwise established for
9 chemotherapy infusion or injection codes with respect to
10 the calculation and payment of minutes for chemotherapy
11 teaching or related services.

12 (e) EFFECTIVE DATE.—The amendments made by
13 this section shall apply to services furnished on or after
14 the first day of the first calendar year that begins after
15 the date of the enactment of this Act.

16 **TITLE II—RESEARCH ON CAN-**
17 **CER SYMPTOM MANAGEMENT**
18 **IMPROVEMENT**

19 **SEC. 201. EXPANSION OF RESEARCH.**

20 Subpart 1 of part C of title IV of the Public Health
21 Service Act (42 U.S.C. 285 et seq.) is amended by adding
22 at the end the following:

1 **"SEC. 417E. RESEARCH ON CANCER SYMPTOM MANAGE-**
2 **MENT IMPROVEMENT.**

3 “(a) IN GENERAL.—The Director of NIH shall ex-
4 pand, intensify, and coordinate programs for the conduct
5 and support of research with respect to—

6 “(1) improving the treatment and management
7 of symptoms and side effects associated with cancer
8 and cancer treatment; and

9 “(2) evaluating the role of nursing interventions
10 in the amelioration of such symptoms and side ef-
11 fects.

12 “(b) ADMINISTRATION.—The Director of NIH shall
13 carry out this section—

14 “(1) through the Director of the Institute; and

15 “(2) in collaboration with the directors of the
16 National Institute of Nursing Research, the Na-
17 tional Institute of Mental Health, the National Cen-
18 ter on Minority Health and Health Disparities, the
19 National Center for Complementary and Alternative
20 Medicine, and the Agency for Healthcare Research
21 and Quality.”.

22 **SEC. 202. NURSING INTERVENTION RESEARCH GRANTS.**

23 Subpart 1 of part C of title IV of the Public Health
24 Service Act (42 U.S.C. 285 et seq.), as amended by section
25 201, is amended by adding at the end the following:

1 **"SEC. 417F. NURSING INTERVENTION RESEARCH GRANTS.**

2 “(a) IN GENERAL.—The Director of NIH shall make
3 grants for research to be conducted—

4 “(1) with a registered nurse as the principal in-
5 vestigator; and

6 “(2) for the purpose of studying cancer symp-
7 tom management care and services delivered by reg-
8 istered nurses to cancer patients.

9 “(b) INCLUSION OF NATIONAL RESEARCH INSTI-
10 TUTES.—In carrying out this section, the Director of NIH
11 shall provide for the participation of the National Cancer
12 Institute, the National Institute of Nursing Research, and
13 any other national research institute that has been en-
14 gaged in research described subsection (a)(2).

15 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated to carry out this section
17 such sums as may be necessary for fiscal years 2009
18 through 2013.”.

19 **SEC. 203. INSTITUTE OF MEDICINE STUDY ON THE PROVI-**
20 **SION OF SYMPTOM MANAGEMENT AND SUP-**
21 **PORTIVE CARE IN PEOPLE WITH CANCER.**

22 (a) REPORT.—

23 (1) IN GENERAL.—Not later than 2 months
24 after the date of enactment of this Act, the Sec-
25 retary of Health and Human Services (in this sec-
26 tion referred to as the “Secretary”) shall enter into

1 an arrangement under which the Institute of Medi-
2 cine of the National Academy of Sciences (in this
3 section referred to as the "Institute") shall conduct
4 a study and evaluation, including a report, on the
5 current state of symptom management, patient
6 treatment education, and supportive care given to
7 people with cancer.

8 (2) SPECIFIC MATTERS EVALUATED.—In con-
9 ducting the study and evaluation under paragraph
10 (1), the Institute shall—

11 (A) analyze any barriers to access to, and
12 delivery of, symptom management, patient
13 treatment education, and supportive care to
14 people with cancer;

15 (B) catalogue and evaluate the incentives
16 and disincentives in the current reimbursement
17 system that influence whether individuals re-
18 ceive comprehensive symptom management, pa-
19 tient treatment education, and supportive care,
20 including adequate and ongoing patient treat-
21 ment education;

22 (C) evaluate the importance of nursing
23 interventions in the management of symptoms
24 and side effects of cancer and the associated
25 treatment;

1 (D) consider such other matters as the In-
2 stitute determines appropriate; and

3 (E) make recommendations to address any
4 barriers, challenges, or other issues identified
5 through the study and evaluation.

6 (3) SCOPE OF REVIEW.—In conducting such
7 study and evaluation, the Institute shall consider a
8 variety of perspectives, including the perspectives of
9 patients and their family caregivers, registered
10 nurses, including nurses certified in oncology, physi-
11 cians, social workers, psychologists, other health care
12 professionals, and other experts and stakeholders.

13 (b) REPORT.—Not later than 18 months after the
14 date of enactment of this Act, the arrangement under sub-
15 section (a) shall provide for the Institute to submit to the
16 Secretary and to Congress a report on the study evalua-
17 tion conducted under such subsection. Such report shall
18 contain a detailed description of the findings of such study
19 and evaluation and recommendations for improving the
20 provision of symptom management, patient treatment edu-
21 cation, and supportive care to people with cancer.

22 (c) AUTHORIZATION OF APPROPRIATIONS.—There
23 are authorized to be appropriated such sums as may be
24 necessary for the purposes of conducting the study and

1 evaluation, and preparing the report, required by this sec-
2 tion.

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